



Smoking During Pregnancy, 2002

Smoking during pregnancy is associated with poor birth outcomes including poor fetal growth and premature delivery, which contribute to infant illness and death, and are associated with serious child and adult health problems such as asthma.

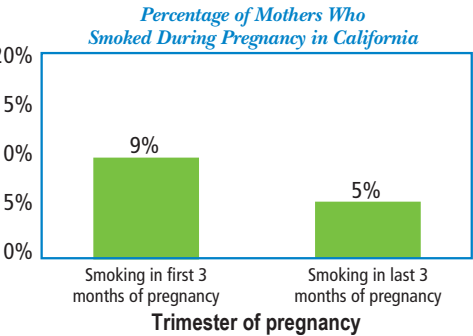
Smoking During Pregnancy

The California Maternal and Infant Health Assessment (MIHA) is a collaborative project of the California Department of Health Services, Maternal, Child and Adolescent Health Branch and researchers in the Department of Family and Community Medicine at the University of California, San Francisco. Modeled on CDC's Pregnancy Risk Assessment Monitoring System (PRAMS), MIHA is an annual, statewide, representative survey of women who recently gave birth, randomly sampled from birth certificate data. Self-administered surveys in English and Spanish are mailed to women 10 to 14 weeks postpartum, with telephone follow-up to non-respondents. Response rates for MIHA ranged from 70% - 72% during 1999-2002; approximately 3,500 mothers complete the survey each year. Completed surveys are linked with birth certificate data. Researchers do not have access to personal identifiers. The majority of this report focuses on data from 2002. However, for some analyses, data from 1999-2002 were examined. For more information about MIHA, please see <http://www.mch.dhs.ca.gov/epidemiology/>



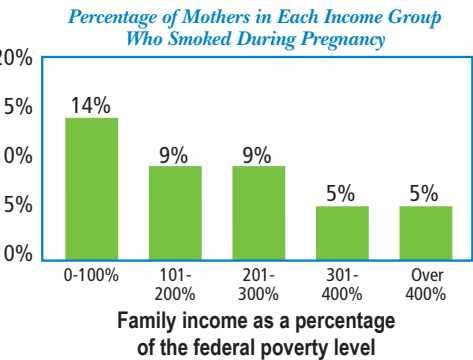
Smoking During Pregnancy

Approximately 9% of women who gave birth in California during 2002 reported smoking during the first or last three months of pregnancy. This was lower than the national average during pregnancy of 11% in 2002.¹ About half of the women who smoked at some point in the first three months of pregnancy quit before the last three months of pregnancy.



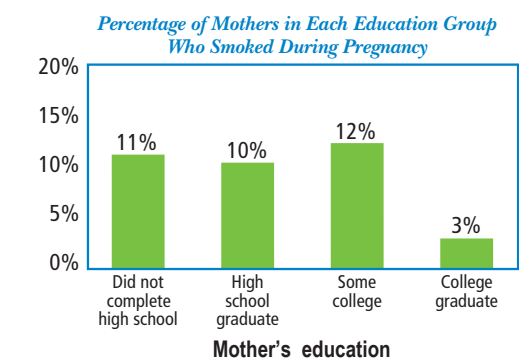
Family Income

Women with incomes up to 300% of the federal poverty level had rates of smoking during pregnancy that were about twice those of women in higher-income groups.



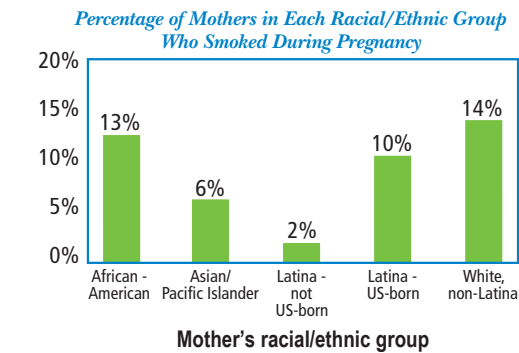
Mother's Education

Women who had not completed college had rates of smoking during pregnancy that were at least three times as high as among women with a college degree.



Mother's Racial/Ethnic Group

White non-Latina, African-American, and US-born Latina women had high rates of smoking during pregnancy compared with Latina women who were born outside of the United States or with Asian/Pacific Islander women.

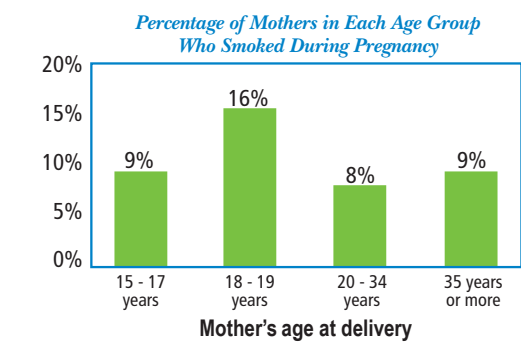


¹Smoking During Pregnancy—United States, 1990-2002. Morbidity and Mortality Weekly Report, October 8, 2004, 53(39):911-915.

²Multivariate analyses were conducted adjusting for a wide array of factors.

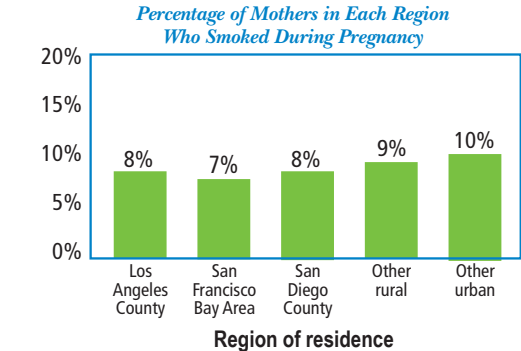
Mother's Age at Delivery

Among all age groups, women who were 18-19 years old had the highest rate of smoking during pregnancy.



Region

There were no significant regional differences in smoking rates during pregnancy.



Other Factors

We used separate multivariate analyses² to examine risk factors for smoking among women aged 15-24 years and among those who were 25 years or older. We found that:

- Among women who were 25 years or older, those whose pregnancies were unintended had higher rates of smoking during pregnancy than women with intended pregnancies.

This could reflect delays in awareness of pregnancy associated with unintended pregnancy. It suggests one way in which unintended pregnancy could contribute to poor birth outcomes and underscores the importance of family planning.

- Among women of all ages, those who drank during pregnancy had much higher rates of smoking during pregnancy.
- Among women of all ages, those who felt that they had more control over what happened in their lives were less likely to smoke during pregnancy.

A number of interventions have been developed to enhance one's sense of control over life, particularly in adolescence. These results add to the evidence suggesting the importance of such efforts.

- Among women of all ages, White, non-Latina women were more likely to smoke during pregnancy than women in other groups.

This suggests that efforts to reduce smoking during pregnancy may not help to reduce racial/ethnic disparities in birth outcomes.

FOR MORE INFORMATION:
The California Smoker's Helpline: www.nobutts.org. Or call (800) NO-BUTTS for services in English or (800) 45-NO-FUME for services in Spanish.

California Department of Health Services Tobacco Control Section: www.dhs.ca.gov/tobacco

CDC: www.cdc.gov/reproductivehealth/maternalinfanthealth/related/smokingpregnancy.htm

American Cancer Society: www.cancer.org or (800) ACS-2345

Surgeon General: www.surgeongeneral.gov/tobacco